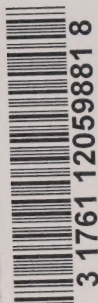


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Shopping

for Travel Health Insurance

Making a trip to the United States or abroad?

You're wise to think about buying travel health insurance. There are dozens of travel health policies on the market. So don't wait until the last minute to buy extra coverage for your trip—take some time to shop around. This guide will make it easier to pick the policy that's right for you.



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What is travel health insurance?

It is insurance you buy when you travel outside Canada in case you have an unexpected medical emergency. While most of your Ontario health benefits can be used when you are travelling anywhere in Canada, there are limitations to OHIP's out-of-country treatment. To make sure you have adequate coverage, consider buying travel health insurance. You must purchase your travel health policy from a private insurance company **before** your trip—once you've left Canada, it's too late.



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Who needs travel health insurance?

Do you travel on business outside Canada? Go south to escape the winter? Enjoy taking a day trip across the border?

Anytime you leave Canada without supplemental travel health insurance—even for just a few hours—you’re taking a risk. If you get sick unexpectedly or have an accident while you’re away, many health services outside Canada will charge you much more than OHIP covers.

You’ll be responsible for paying any difference in cost—unless you purchase travel health insurance. The same rule applies to your young family members should they need out-of-country medical care on a vacation or school trip. Some out-of-country hospitals won’t even admit you without health insurance.

You may already have adequate travel health insurance through a credit card, employee or retirement benefits package, home insurance policy, or membership in an automobile association. Check before you buy extra coverage.



What does travel health insurance cover?

Travel health insurance covers most of the treatment you'd need for unexpected medical emergencies that could happen while you're out of Canada. Emergency treatment means medical care you need immediately in order to deal with an acute, unavoidable condition, illness, disease, or injury. It generally includes:

- ✓ emergency ground and air ambulance
- ✓ hospital inpatient care and medication
- ✓ outpatient services for less serious emergencies
- ✓ doctors' fees
- ✓ emergency-related travel expenses.

However, many insurers set certain limits on medical emergency coverage. For example, some will not pay for emergency hospital stays lasting less than 23 consecutive hours. After your emergency illness or injury has been stabilized, many insurers would require you to return to Ontario to receive continuing care if you are medically fit to make the trip home.



What are deductible and co-payment clauses?

Some policies contain clauses that require you to pay part of the costs of any emergency medical treatment you receive. Your share will be explained in either a *deductible* clause or a *co-payment* clause.

For example, if your policy contains a \$250 deductible clause, you'll have to pay the first \$250 towards any claim. If the claim is \$250 or less, you would pay the full expense. If your policy contains a co-payment clause, it means that you are expected to pay a certain percentage of your medical bills, generally between 10 to 20%.





What does travel health insurance not cover?

When you shop for travel insurance, read the fine print, focusing on what the policy **does not** cover.

Pre-existing conditions

If you have any *pre-existing conditions*, these may affect your ability to get travel insurance, or the type and cost of coverage available to you. A pre-existing condition is a health problem that your doctor has already diagnosed before you leave Ontario. Insurers may not pay for emergency treatment related to your pre-existing conditions. Some examples of pre-existing conditions are: recent surgery, stroke, heart trouble, cataracts, diabetes, kidney disease, and cancer.

You'll find that the rules on pre-existing conditions vary greatly from company-to-company. For example, some insurers may not pay for emergency treatment if your doctor has prescribed new or changed medication for a related health problem within 90 days of your application for a policy. However, the time interval required by other companies could be six months, a year, or longer.

Medical Exclusions or Exemptions

Some policies do not cover medical emergency costs in specific situations that are identified in clauses dealing with *medical exclusions* or *exemptions*. Such clauses may apply to the costs of emergency medical care related to:

- AIDS
- pregnancy
- injuries caused by scuba, sky diving, hang-gliding, contact sports or other risky activities; substance abuse; or war
- travel to certain countries, or travel in hazardous conditions.

Non-emergencies

Keep in mind that travel health insurance will not pay for:

- continuing or follow-up care after your medical emergency has been stabilized, or any care that can safely wait until you return to Ontario
- routine health care
- elective surgery
- investigative or diagnostic services.



How can I buy travel health insurance?

If you decide to buy supplementary travel health insurance, take some time to shop around for the plan that best meets your needs. Never buy coverage by sending in an application unless you've already obtained a sample copy of the policy and read it with care. Compare the policies offered by different companies for the amount of coverage, exemption rules, deductibles, co-payment clauses, and refund policies—not just prices.

Know what you're buying in terms of coverage limit. A low-cost policy may be less of a bargain if it limits coverage of medical emergencies to a maximum of \$25,000.

Different companies have different definitions for important terms such as *pre-existing condition*, *medically necessary*, *stable and controlled condition*, or *re-occurring condition*. Make sure you understand each insurance company's terms and definitions. Ask questions if you're not sure exactly what a term means, how it applies to your medical history, or affects the coverage offered to you. Once you know what type of coverage package you want, get quotes from several different companies.

Policies vary greatly from company-to-company and from year-to-year. Your health, age, the medication you take, the length of your trip and destination are all factors that affect the price of a policy and the types of medical costs it will cover. If you're 70 years of age or older, or have any high-risk health problems, you may have to find an insurer willing to write a travel health insurance policy tailored to your situation.

You may want to consult a licensed insurance agent or broker about the types of travel health insurance products available to you. You can also buy a policy through a travel agent, and many insurance companies offer application forms at banks, drugstores, and supermarket information counters. Recently, some companies have set up Internet websites that allow consumers to buy travel health insurance policies online.

What do I need to put on the application?

The policy application will ask questions about your age, health, medical history and travel plans. It's important to provide the insurance company with full, accurate information. If you provide incomplete or inaccurate information, you may lower your premium, but your claim may be denied later on.

Check with your doctor about any health problems, previous treatment, and medication you should mention to the insurance company especially if your medication has changed recently. You may want to ask your doctor to review your application.



How do I get treatment?

Your insurance company will give you instructions on how to get treatment, along with a toll-free number to a service centre. The service centre's role is to manage your medical care. If you have an emergency, call the centre's toll-free number immediately for assistance and directions.

The centre has a roster of preferred hospitals and doctors and will give you an appropriate referral. Even so, be sure to get authorization for any medical care or treatments proposed to you – your insurance company may not recognize some diagnostic, medical and laboratory procedures as “emergency” benefits.

If you don't know whether your policy will cover a particular medical treatment, call your service centre before getting the treatment. Be sure to get detailed receipts for all your medical care from doctors and hospitals.

How can I make a claim?

Again, your policy will tell you what to do. Under some policies, you pay the hospital first, then the insurance company reimburses you. Other companies pay the hospital directly. Your policy will tell you which procedure to follow.

Most policies set a time limit for submitting claims. Submit your claim and supporting receipts (keeping copies) as soon as possible.

What else do I need to know?

Take your travel health policy with you when you leave Canada.

Keep your insurance company's phone number and your Ontario health card with you.

Your travel insurance covers you for a defined period. Don't start your trip early or extend it past the dates specified by the policy.

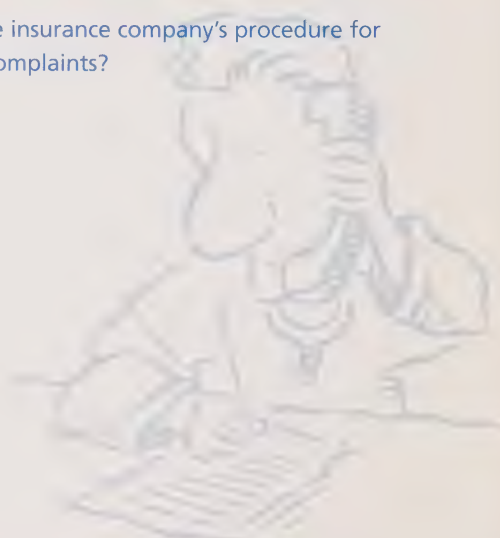
Travel Health Insurance Checklist

Read each policy you are offered carefully, paying special attention to the sections dealing with *pre-existing conditions, limitations and exclusions or medical exclusions and definitions*. Check for *deductible* and *co-payment* clauses. Ask for clear explanations of the terminology used in the policy, and how it affects the coverage being offered to you.

Here are some key questions to ask when shopping for travel health insurance:

- ✓ Do I already have sufficient coverage through my credit cards, employee benefits, etc.?
- ✓ What is the maximum each policy will pay above Ontario health insurance limits?
- ✓ Is there an age limit or medical criteria for who can apply?
- ✓ Does age affect the kind of coverage I can expect?
- ✓ How does the policy define a *pre-existing condition*? Will a pre-existing condition of mine affect my coverage?
- ✓ Are there any *medical exclusions* that apply to me?
- ✓ Will I have to pay a *deductible*? If so, how much?
- ✓ Does the policy contain a *co-payment* clause? What percentage of medical expenses will I have to pay?

- ✓ Will the insurance company pay the hospital or doctor directly? Or will I have to pay the full amount myself, and then be reimbursed later by the company?
- ✓ Does the policy exclude any sports or activities I plan to do on my trip?
- ✓ Do I need approval from the company before seeking medical treatment?
- ✓ Does the company offering the policy provide a toll-free, 24-hour help line that I can call in an emergency?
- ✓ What if I want to stay away longer than originally planned? Can I extend my policy to cover me for the extra time I'm out of Canada and how do I make the necessary arrangements?
- ✓ Once I have signed a policy, can any further changes be made at the insurance company's discretion without advising me? For example, can the company revise the policy later and reduce my coverage?
- ✓ What is the insurance company's procedure for handling complaints?



What can I do if I have a dispute with my travel health insurance company?

The Ontario Insurance Ombudsman at the Financial Services Commission of Ontario (FSCO) offers consumers an informal, last-step forum for resolving complaints about the business practices of insurance companies.

The Ombudsman's office will review your complaint **after** you have tried to resolve the problem directly with your insurance company. Every company has a procedure to deal with complaints. Write to your company representative explaining your problem. If you have difficulties, contact the company Ombudsman Liaison Officer. (FSCO posts a list of Ontario insurers' Ombudsman Liaison Officers at our internet site, www.fSCO.gov.on.ca.) If you are unable to resolve your problem, ask your insurance company to give you a letter stating its final position.

Write to the FSCO Ombudsman. Describe your complaint and proposed solution, and attach the final position letter that you obtained from your insurance company. The Ombudsman will try to resolve the complaint and provide you and the company with a written report.

Insurance Ombudsman
Financial Services Commission of Ontario
Box 85, 5160 Yonge Street
North York, Ontario M2N 6L9
Fax: (416) 590-8480



Would you like more information about travel health insurance?

Useful contacts:

Association of Mature Canadians 1-800-667-0429

Canadian Association of Retired Persons (CARP)
1-888-239-2444

Canadian Snowbird Association
(416) 391-9000 or 1-800-265-3200

Canadian Life and Health Insurance Association (CLHIA)
1-800-268-8099, or in Toronto, (416) 777-2344

Canadian Automobile Association (CAA)
Central Ontario 1-800-268-3750

CAA Niagara 1-800-263-7272

CAA Midwestern Ontario 1-800-265-8975

CAA South Central Ontario 1-800-263-8389

Ontario Health Insurance Plan (OHIP)

For more information about your OHIP benefits
when you are away from Ontario, call:

Ministry of Health and Long-term Care **INFOline** at
1-800-268-1154 (toll-free in Ontario only)

In Toronto, call (416) 314-5518

TTY 1-800-387-5559

Ce feuillet de renseignement est également disponible en français

(416) 250-7250, 1-800-668-0128

TTY (416) 590-7108, 1-800-387-0584

www.fsco.gov.on.ca

Ce feuillet de renseignements est également disponible en français